

Health Home Learning Collaborative

Care Coordination

March 2022

This Training is a Collaborative Effort Between the Managed Care Organizations and Iowa Medicaid Enterprise

Iowa Medicaid Enterprise

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AGENDA

1. Introductions
2. Understanding Long-term Care Services, Medicaid Programs, Mental Health and Disability
Service Regions, & Court-ordered Services.....Abby Wallin, JAMI
Beth Will, MH DD Regions of Iowa
Sharon Nieman, MH DD Regions of Iowa
Bill Ocker, ITC
3. Questions/Open Discussion.....All
Coming up (Subject to Change):
 - April 2022: Spring Learning Collaborative

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them and we will address them at the end.

Learning Objectives

- Health Homes arrange care with other qualified professionals for all the member's health care needs. This includes care for all stages of life, acute care, chronic care, preventive services, long-term care, and end of life care. This webinar will focus on the process of making referrals for long-term care including waivers, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-ID), and nursing facilities. Health Homes will also review the specific types of Medicaid, understand the role of Mental Health and Disability Service (MHDS) regions, and understand the role of court orders and mental health advocates. **(Reference: Care Coordination)**

HCBS Waiver Programs

- State HCBS Waiver Programs must:
 - Demonstrate that providing waiver services won't cost more than providing these services in an institution
 - Ensure the protection of people's health and welfare
 - Provide adequate and reasonable provider standards to meet the needs of the target population.
 - Ensure that services follow an individualized and person-centered plan of care

For the HCBS Waiver and State Plan HCBS programs States Medicaid Agencies must assure:

- Oversight of the performance of waiver functions and continuous quality improvement
- Implementation of processes and instruments identified in the waiver for evaluating and reevaluating level of care
- Waiver services are provided by qualified providers
- Service plans are person-centered, comprehensive, and address all participants' assessed needs and personal goals
- The health and welfare of waiver participants through the identification and prevention of instances of abuse , neglect and exploitation; incident management and the management of restrictive interventions
- Financial accountability by ensuring claims and codes paid under the waiver are in accordance with the approved methodology, and that rates remain consistent with the approved rate methodology throughout the waiver 5-year cycle

How to find if member is on a Waiver Waitlist

Amerigroup

ltss_iowa@anthem.com

IA-HealthHome@amerigroup.com

Iowa Total Care

ITC_IHH@iowatotalcare.com

ITC_eligibility@iowatotalcare.com

Also, our waitlist staff send emails to directors

State

waiverslot@dhs.state.ia.us

Iowa 1915 (c) Waivers

- AIDS/HIV
- Brain Injury (BI)
- Children's Mental Health (CMH)
- Elderly (EW)
- Health and Disability (HD)
- Intellectual Disability (ID)
- Physical Disability (PD)

Waiver Eligibility

- Be an Iowa resident and a United States citizen or a person of foreign birth with legal entry into the United States
- Be determined eligible for Medicaid (Title XIX)
- Members may be Medicaid-eligible before accessing waiver services or be determined eligible through the application process for the waiver program
- Have one billable unit each calendar quarter
- Receive case management
- Each waiver may have its own specific eligibility criteria

Types of Medicaid

- American Indians and Alaskan Natives
- Breast and Cervical cancer
- Care for Kids Early Periodic Screening, Diagnosis, and Treatment for Children (EPSTD)
- The Dental Wellness Plan
- Early ACCESS
- Family Planning Program (FPP)
- Healthy and Well Kids in Iowa (Hawki)
- Health Insurance Premium Payment (HIPP)
- The Iowa Health and Wellness Plan
- Money Follows the Person
- <https://dhs.iowa.gov/ime/members/medicaid-a-to-z>

Waiver Cap and Waitlist

Waiver	Monthly Cap of Cost of Service	Waitlist
Aids/HIV	Yes	Yes, However enough slots
Brian Injury	No	Yes
Children's Mental Health	Yes	Yes
Elderly	No	No
Health and Disability	Yes	Yes
Intellectual Disability	No	Yes
Physical Disability	Yes	Yes

AIDS/HIV Waiver

- “AIDS” means a medical diagnosis of acquired immunodeficiency syndrome based on the Centers for Disease Control
- “HIV” means a medical diagnosis of human immunodeficiency virus infection based on a positive HIV-related test
- “AIDS/HIV” waiver services are available to both children and adults

Eligibility

- Diagnosis as having AIDS or HIV infection by a physician. Iowa Medicaid Enterprise, Medical Services Unit is responsible for contacting the physician to establish the diagnosis and a determination of disability is not required
- Be determined to need nursing facility or hospital level of care
- Having met all other eligibility areas to include financial

Brain Injury Waiver

- Types of Brain Injuries
 - **Traumatic Brain Injury (TBI) is an insult to the brain**
 - Not of a degenerative or congenital nature but caused by an external physical force, that may produce a diminished or altered state of consciousness, which results in impairment of cognitive abilities and/or physical functioning
 - TBI can also result in a disturbance of behavioral or emotional functioning
 - Impairments may be temporary or permanent and cause partial or total functional disability or psychosocial maladjustment
 - **Acquired Brain Injury (ABI)**
 - Injury to the brain that occurred after birth and not: hereditary, congenital or degenerative
 - Injury commonly results in a change in neuronal activity
- ❖ An Acquired Brain Injury can be a Traumatic Brain Injury, but a Traumatic Brain Injury cannot be an Acquired Brain Injury

Eligibility

- Diagnosis of a brain injury – Documentation of injury and date injury was sustained or diagnosed.
- Eligible for Medicaid under SSI, SSI-Related, Federal Medicaid Assistance Percentage (FMAP), or FMAP-Related; eligible under the special income level (300% consistent with a level of care in a medical institution)
- At least 1 month of age
- Be certified as needing intermediate care facility for persons with intellectual disability (ICF/ID), skilled nursing, or NF level of care – initially determined by DHS and reassessed annually
- Must choose home and community-based services rather than institutional services
- Be assigned a slot

Elderly Waiver

- Members are on Facility Medicaid at home and have the same financial and medical guidelines as Facility Medicaid
- Elderly Waiver has more married members than other waivers and case managers need to advocate for both spouses
- Caregivers for the members may have been:
 - Elderly spouse that may need to apply for waiver and commonly become institutionalized or pass away before the member
 - Adult children with disability or mental illness

Eligibility/Medical Guidelines

- Must be 65 years of age or older, meet medical and financial guidelines
- Medical Guidelines
 - Member needs daily assistance with Activities of Daily Living
 - Examples: Dressing, bathing, toileting, eating
 - Member needs daily cares that would be completed by a RN or Physical Therapist (PT) if they were in a facility
 - Examples: Tube feeding, tracheotomy cares, IV medications or deep wound dressings

Health and Disability Waiver (HD)

- Originally developed for people with disabilities who were not old enough for the Elderly Waiver or did not qualify for the Intellectual Disability Waiver (ID)
- Children under 18 are not eligible for the Physical Disability Waiver, but can meet the age requirements for the HD Waiver
- Members may access the HD Waiver while they are waiting on a slot for the ID or Brain Injury (BI) Waiver
- The SSI eligibility rules for HD Waiver may cause members to switch from the HD Waiver to the PD Waiver

Health and Disability Waiver Eligibility

- Persons shall meet the eligibility requirements of SSI, except for the following:
 - The person is under 18 years of age, unmarried and not the head of household, and is ineligible for SSI because of the parents' income
 - The person is married and is ineligible for SSI because of their spouse's income or resources
 - The person is ineligible for SSI due to excess income and the person's income does not exceed 300 percent of the maximum monthly payment for one person under SSI
 - The person is under 18 years of age and is ineligible for SSI because of excess resources.

Intellectual Disability Waiver (ID)

- Diagnosis of Intellectual Disability
 - Diagnosis of intellectual disability (intellectual developmental disorder), global developmental delay, or unspecified intellectual disability (intellectual developmental disorder) which shall be made only when the onset of the person's condition was during the developmental period and shall be based on an assessment of the person's intellectual functioning and level of adaptive skills
- Psychological Evaluation
 - Made by professionally trained Licensed Psychologist or Psychiatrist
 - Initial and ongoing recertification
 - Must utilize DSM criteria

Eligibility Criteria Cont'd

- Eligible for Medicaid
 - SSI, SSI-related, FMAP, or FMAP-related coverage groups; eligible under the special income level (300 percent) coverage group; or become eligible through application of the institutional deeming rules or would be eligible for Medicaid if in a medical institution
- Be certified as needing long term care
 - NF, SF, or ICF/ID Level of Care
 - Initial LOC assessment is completed by IME Medical Services Unit
 - Ongoing handled by MCO and IME Medical Services Unit

Physical Disability Waiver (PD)

- Originally developed to assist disabled adults between the ages of 18 and 65 to move out of facilities and into the community
- Became an alternative waiver for people to who did not qualify for Health and Disability Waiver due to SSI eligibility
- Members may access the PD Waiver while they are waiting on a slot for a waiver that has a higher monthly cap or no cap

Physical Disability Waiver Eligibility

- Between ages 18 - 64 years with a physical disability
- Member will need to apply for the Elderly Waiver prior to turning age 65 and be admitted to that waiver once they reach age 65
- Be blind or disabled as determined by the receipt of Social Security Disability benefits or a disability determination made through the Division of Medical Services
- Be determined by the Iowa Medicaid Enterprise, Medical Services to need one of the following levels of care:
 - Nursing facility
 - Skilled nursing facility

Resources

Waiver Information

- <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>

Waiver Enrollment Process

- <https://dhs.iowa.gov/sites/default/files/Comm497.pdf?020820220023>

Home and Community Based Services

- <https://dhs.iowa.gov/sites/default/files/Comm270.pdf?020820220023>

Intermediate Care Facilities for the Intellectually Disabled ICF/ID

- Intermediate care facility for persons with an intellectual disability (ICF/ID) means an institution that is primarily for the diagnosis, treatment, or rehabilitation of persons with an intellectual disability or persons with related conditions and that provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination and integration of health or related services to help each person function at the greatest ability and is an approved Medicaid vendor.
- Intermediate care facility for persons with an intellectual disability level of care means that the individual has a diagnosis of intellectual disability made in accordance with the criteria provided in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; or has a related condition as defined in 42 CFR 435.1009; and needs assistance in at least three of the following major life areas: mobility, musculoskeletal skills, activities of daily living, domestic skills, toileting, eating skills, vision, hearing or speech or both, gross/fine motor skills, sensory-taste, smell, tactile, academic skills, vocational skills, social/community skills, behavior, and health care.

Referrals to ICF/ID

- Referrals should be made directly to the ICF/ID by the IHH. By sending any clinical information such as Social History, any Assessments, Psych Evals, etc.
- If IHH is in need of support MCOs can send out a de-identified referral. IHH would be responsible for the referral packet provider has opening.

Continued Stay Reviews

- Continued stay reviews are performed at least yearly. Their purpose is to determine if the resident continues to need the ICF/ID level of care. For members not enrolled with an MCO, continued stay reviews are the responsibility of the IME. For members enrolled with an MCO, the MCO will review the member's need for continued stay. For any review by an MCO which indicates a change in the member's level of care, the MCO will submit documentation of the change to the IME and the IME will make a final determination.

Eligibility for Services

- The IME reviews ICF/ID admissions and transfers only when documentation is provided which verifies a referral from a case management program. For members enrolled with an MCO, the referral shall be made by the member's case manager assigned by the MCO. For members not enrolled with an MCO, the referral shall be made through the Department's selected case management program.

Nursing Facility (NF)

- Pre-Admission Screening and Resident Review (PASRR)
- Anyone admitted to a Medicaid funded nursing facility, unless they meet an exemption
- If the member comes from a Medicaid funded nursing facility to a non-Medicaid nursing facility with PASRR services, the non-Medicaid funded nursing facility will need to comply with the PASRR

Level I

- Screened for Mental Illness, Intellectual Disability, or Related Condition.
- If a member needs Nursing Home level of care and they do not meet any of the exemptions, Level I PASRR will be needed.
- The Level I is completed by the referral source. The referral source could be the PCP, Hospital social worker, or the NF.
- The Level I is done online and is a very short process.
- If a member had a Level I and no ID, MI or RC was found, but the CM finds something in the members file that would suggest a diagnosis, a new Level I would need to be completed. The facility would be responsible for making sure this is completed.

Level II

- If the Level I does not show Mental Illness (MI), Intellectual Disability (ID), or Related Condition (RC) then a Level II is not needed.
- If a Level I screen shows an ID, MI or RC diagnosis then a Level II PASRR Is needed.
- Level II PASRR is completed by an Independent Contractor (IC) through an agency call ASCEND, a Maximus Company.
- This part most likely to be completed before the member is admitted
- Face to face with member and their supports
- Reviewer has 48 hours to meet, type and submit the Level II

Questions?

Thank you!